IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12^{TH} , SUITE 1A

510 EAST 12¹⁷, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

| For office use only | |
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| Indexed | |
| Audited | |
| Checked | |
| Computer | |
| | |
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

| Name of Department or Office | |
|--|---|
| Mailing Address (| City, State, Zip Code |
| Area Code & Telephone No. | |
| CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI | ICE: |
| | |
| Name | |
| Mailing Address (if different from above) | City, State, Zip (if different from above) |
| Email Address | Area Code & Telephone Number (if different from above) |
| DONOR OF GIFT, BEQUEST, OR GRANT: | |
| , | |
| Name | |
| | |
| Mailing Address City, State, Zip Code | \$ |
| | Date of Gift, Bequest, or Grant Amount/Value* |
| Area Code & Telephone Number | *value is defined as "fair market value" of item as determined by |
| E (10.11) | receiving department or office. If no value mark "0.00". |
| Email Address (optional) | |
| Provide a description of the gift, bequest, or grant and purpose thereof: | |
| | |
| | |
| | |
| Criteria to use this form: | |
| Receipt of any gift, bequest, or grant that is received by any departmen | nt of the state or received by the Governor on behalf of the state. |
| | |
| | |
| tatement of Affirmation: | |
| affirm that the gift, bequest, or grant report onor and assessment of the fair market value (if applicable) is correct and | ted above is accurate. I further affirm that the information concerning the |
| onor and assessment of the fair market value (if applicable) is correct and | a tide to the best of my knowledge. |
| | |
| | |
| Signature | |

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state.

Intent of form:

lowa Code section 8.7 requires reporting of all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state to be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. This form is intended to serve as a vehicle to comply with the law. The Board will file a copy of this form with the Government Oversight Committee.

When to file:

This form is required to be filed within 20 days of the gift, beguest, or grant.

Where to file:

Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Suite 1A Des Moines, Iowa 50319 -or-

by fax: (515) 281-3701

Who to call if there are questions regarding this form

For all questions regarding the use of this form, please call the Iowa Ethics and Campaign Disclosure Board office at (515) 281-4028 or visit the Board's Web site at www.iowa.gov/ethics.